

## ACH Debit Authorization Form

The \_\_\_\_\_ District Agrees to allow the Nebraska State Treasurer to debit via the ACH system, \_\_\_\_\_ District's bank account for the total amount due on the Monthly Deduction Report that is submitted by \_\_\_\_\_ District to the Nebraska School Retirement System.

This debit will occur two business days following the receipt of the Monthly Deduction Report that the school district submits to the Nebraska School Retirement System.

This Authorization will remain in force until revoked in writing by the \_\_\_\_\_ District with at least (3) business day's notice.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a copy of a voided check for your bank information.**

**Return completed form to:**

**Nebraska State Treasurer's Office  
PO Box 94788  
Lincoln, NE 68509**